FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** ORM LIMITED OFFERING EXEMPTION

OMB API	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated average	ge burden
hours per respon	se 16.00

SEC USE ONLY

DATE RECEIVED

Serial

Prefix

□ Estimated

■ Actual

ζ ,	an amendment and name has changed, and indicate ch	hange.)
Private placement of up to \$250 million in	····	□ Section 4(6) □ Section 4(6)
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☑ Rule 506	The section 4(0) The section 4(0)
Type of Filing:	🗷 Amendment	A APO IN
	A. BASIC IDENTIFICATION DATA	图 70 图
1. Enter the information requested about	the issuer	(On) (C)
Name of Issuer (check if this is an amend	Iment and name has changed, and indicate change.)	
Transwestern Multifamily Partners, L.L.	С.	17%
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number Bueluding Area Code)
c/o Transwestern Investment Company,	150 North Wacker Drive, Suite 800, Chicago, IL	(312) 499-1900
60606		
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business: The Compa	ny was formed primarily to provide mezzanine financi	ing to real estate developers and owners.
·	• • • •	
Type of Business Organization		PPOOR
☐ corporation	☐ limited partnership, already formed	■ other (please specify): ROCESSE limited liability company
☐ business trust	☐ limited partnership, to be formed	limited liability company
	Month Year	APP 2 2 2000

GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

0 5 1

10 [6]

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the following:		
 Each promoter of the issuer, if the issuer has been organized within the past fi Each beneficial owner having the power to vote or dispose, or direct the vote 		e of a class of equity securities
of the issuer;	or disposition or, 1070 or more	or a crass or equity occurring
 Each executive officer and director of corporate issuers and of corporate gene Each general and managing partner of partnership issuers. 	ral and managing partners of pa	artnership issuers; and
Check Box(es) that Apply: ☑ Promoter ☐ Beneficial Owner ☐ Execution	ive Officer Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual)		
Transwestern Multifamily Partners GP, L.L.C.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Transwestern Investment Company, L.L.C., 150 North Wacker Drive, Chicago, Illir	10is 60606	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Execution	ive Officer	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Erwin K. Aulis		h.
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Transwestern Investment Company, L.L.C., 150 North Wacker Drive, Chicago, Illin	nois 60606	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Execute	ive Officer Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Douglas Crocker II		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Transwestern Investment Company, L.L.C., 150 North Wacker Drive, Chicago, Illin	nois 60606	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Execut	ive Officer	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Robert H. Ruffatto		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Transwestern Investment Company, L.L.C., 150 North Wacker Drive, Chicago, Illin	nois 60606	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Execut	ive Officer	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Lyons, Douglas W.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Transwestern Investment Company, L.L.C., 150 North Wacker Drive, Chicago, Illia	nois 60606	and the second s
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Execut	ive Officer Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Quazzo, Stephen R.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Transwestern Investment Company, L.L.C., 150 North Wacker Drive, Chicago, Illi	nois 60606	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Execut	tive Officer 🗵 Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Robert D. Duncan		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Transwestern Investment Company, L.L.C., 150 North Wacker Drive, Chicago, Illi		
(Use blank sheet, or copy and use additional copies of	i this sheet, as necessary.)	

A. BASIC IDENTIFICATON DATA

		A. BASIC IDENT	IFICATON DATA		
Each beneficial ov of the issuer;Each executive off	the issuer, if the is wner having the pe ficer and director	ssuer has been organized wit	lirect the vote or disposition		re of a class of equity securities partnership issuers; and
Check Box(cs) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Edward J. Ryder	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)		
c/o Transwestern Investmen	t Company, L.L.C	2., 150 North Wacker Drive,	Chicago, Illinois 60606		
Check Box(es) that Apply:	□Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	Street, City, State, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addi	ress (Number and	Street, City, State, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	·)		
Check Box(cs) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	*)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)	· · · · · ·			
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	2)		
	(Use bl	ank sheet, or copy and use addi	tional copies of this sheet, as	necessary.)	

					R INF	ORMATI	ON ABOU	IT OFFER	RING				
			· · · · · · · · · · · · · · · · · · ·		D. 1111	UKMAII	ON ADO	or Orres	VIIIO			Yes	No
1.	Has th	e issuer s	old, or doe	es the issuer			n-accredited c, Column 2,			ring?			×
2. What is the minimum investment that will be accepted from any individual?								<u>uinimum</u>					
3.	Does t	the offerin	ng permit j	oint owners	hip of a si	ngle unit?						Yes □	No ⊠
4.	comm offerir and/or	ission or ng. If a p with a s	similar re person to tate or sta	uested for emuneration be listed is tes, list the a broker o	for solic an associa name of t	tation of ted person he broker	purchasers n or agent or dealer.	in connect of a broke If more the	tion with s r or dealer nan five (5)	ales of se registered persons t	curities in with the S o be listed	the EC	
Ful	l Name	(Last nar	ne first, if	individual)									
Bus	siness o	r Residen	ce Addres	s (Number :	and Street,	City, State	e, Zip Code	·)					
Naı	me of A	ssociated	Broker or	Dealer									
Sta	tes in W	Vhich Per	son Listed	Has Solicit	ed or Inter	ds to Solid	cit Purchase	ers					
	(Chec	k "All Sta	ites" or ch	eck individu	ıal States).			*****************				. □ All S	itates
[A] [I] [M' [R]	L] T]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Ful	l Name	(Last nar	ne first, if	individual)									
		•	•	,									
Bus	siness o	r Resider	ice Addres	s (Number	and Street,	City, State	e, Zip Code	;)					
Nai	me of A	ssociated	Broker or	Dealer									
Sta	tes in V	Vhich Per	son Listed	Has Solicit	ed or Inter	nds to Solid	cit Purchas	ers					
	(Chec	k "All Sta	ates" or ch	eck individu	ial States).				•••••••			.□ All S	States
[A] [I] [M]	L]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
[R	I]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Ful	ll Name	(Last nai	me first, if	individual)									
Bu	siness o	r Resider	nce Addres	s (Number	and Street,	City, State	e, Zip Code	=)				-	
Na	me of A	Associated	l Broker o	r Dealer									
Sta	tes in V	Vhich Per	son Listed	Has Solicit	ed or Inter	nds to Solie	cit Purchas	ers					
	(Chec	k "All Sta	ates" or ch	eck individu	ıal States)							. 🗆 All S	States
(A [I [M	L] T]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI) [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Fering Price	Α	mount Already Sold
	Debt	\$	0	\$	0
	Equity	\$	0	\$ _	0
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$	0	\$_	0
	Partnership Interests			\$	0
	Other (Specify limited liability company interests)			\$ I	77,290,000
	Total*				77,290,000
	*One purchaser has committed to invest the lesser of \$5 million or 3.33% of all sales.				
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
	Accredited Investors]	Number Investors 30		Aggregate Dollar Amount of Purchases 77,290,000
	Non-accredited Investors		0	\$_ <u>.</u>	
	Total (for filings under Rule 504 only)			\$_ \$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			Ψ_	A.H.C.
	Allswer also in Appendix, Column 4, it thing under OLOL.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.				
			Type of		Dollar Amount
	Type of offering		Security		Sold
	Rule 505			\$	
	Regulation A	-		φ.	
	Rule 504			\$	
	Total			S	
	Total			•	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			S	5.000
	Legal Fees			\$_ \$	320,000
	Accounting Fees		_	\$_ \$	25,000
	Engineering Fees			<u> </u>	25,000
	Sales Commissions (specify finders' fees separately)			<u> </u>	
	Other Expenses (identify)			\$_ \$	
	Total			\$_ \$	350,000
				~-	T 0000 A T T T

	b. Enter the difference between the aggregate o total expenses furnished in response to Part oproceeds to the issuer."	ffering price given in response to Part C-Question 4.a. This difference is the "adjust	ed gross	s	_24	9,650,000
5.	Indicate below the amount of the adjusted gro the purposes shown. If the amount for any pu left of the estimate. The total of the payment forth in response to Part C—Question 4.b abov	rpose is not known, furnish an estimate and of slisted must equal the adjusted gross process.	heck the box	to the		
				Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees		X	\$ <u>2,000,000</u>		\$
	Purchase of real estate			\$		S
	Purchasing, rental or leasing and installati	on of machinery and equipment		\$		S
	Construction or leasing of plant buildings	and facilities		\$		\$
	Acquisition of other businesses (including offering that may be used in exchange for		п	c	П	ç
	- · · · · · · · · · · · · · · · · · · ·					
	• •					
	.					
	***			5	_	<u> </u>
				\$	п	\$
						\$ 247,650,000
		cd)				
		D. FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed be nature constitutes an undertaking by the issuer to ormation furnished by the issuer to any non-accretion.	furnish to the U.S. Securities and Exchange	Commission,	s filed under Rule 5 upon written requ	505, est o	the following of its staff, the
	uer (Print or Type) answestern Multifamily Partners, L.L.C.	Signature DW U		Date April 9 , 2007		
	me of Signer (Print or Type) uglas W. Lyons	Title of Signer (Print or Type) Authorized Signatory				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a no	otice on Fo	rm D (17

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Transwestern Multifamily Partners, L.L.C.	Signature	Date April 9, 2007
Name of Signer (Print or Type) Douglas W. Lyons	Title of Signer (Print or Type) Authorized Signatory	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Type of security Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)		Intend to sell to non-accredited investors in State			amount pur	investor and rehased in State C-Item 2)		Disqual under Sta (if yes, explant waiver	ification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No	See Note 1 on Page 10	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL		Х				-			Х	
AK		х							Х	
AZ		х					:		х	
AR		х							Х	
CA		х		l	\$100,000	0	0		х	
СО		Х		1	\$500,000	0	0	ļ	х	
CT		х		4	\$65,000,000	0	0		Х	
DE		х	_						Х	
DC		х							х	
FL		Х	, <u> </u>	4	\$3,500,000	0	0		Х	
GA		х							Х	
HI		х							Х	
ID		х							х	
IL		х		14	\$42,040,000	0	0		х	
IN		х							х	
IA		Х							х	
KS		х							Х	
KY		х							х	
LA		х							х	
ME	:	Х							Х	
MD		х							х	
MA		Х							х	
MI		Х							х	
MN		Х		1	\$20,000,000	0	0		х	
MS		Х							Х	

APPENDIX

1	:	2	3			4		Disqual	5 ification	
	non-acc	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	See Note 1 on Page 10	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО		х							Х	
MT		х							Х	
NE		Х		1	\$20,000,000	0	0		Х	
NV		х							Х	
NH		Х							Х	
υΣ		Х							Х	
NM		Х							Х	
NY		х		2	\$25,000,000	0	0		Х	
NC		Х							Х	
ND		х							х	
ОН		х							Х	
ОК		х							х	
OR		х							х	
PA		Х			_				х	
RI		х					-		х	
sc		х							х	
SD		х							х	
TN		х							х	
TX		х		1	\$150,000	0	0		Х	
UT	1	Х							х	
VT	1	Х							Х	
VA	1	х							х	
WA		Х							х	
WV		Х							х	
wi		х		1	\$1,000,000	0	0		х	

APPENDIX

1	non-acc	to sell to credited s in State -Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		under Sta (if yes explant waiver	ification ate ULOE attach ation of granted) -Item 1)
State	Yes	No	See Note 1 on Page 10	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		Х							Х
PR		Х							х

- 1. Up to \$250 million of limited liability company interests will be offered in all states.
- 2. One purchaser has committed to invest the lesser of \$5 million or 3.33% of all sales.

